

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/550951

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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48							98						
49							99						
50							100						
TOTAL REQ.			↓		↓		TOTAL REQ.			↓		↓	
TOTAL DEP.			←		←		TOTAL DEP.			←		←	
TOTAL CLAIMS			████████		████████		TOTAL CLAIMS			████████		████████	

BEST AVAILABLE COPY